The Graduate School Valdosta State University

Graduate students seeking to take a course/s at a regionally or nationally accredited institution for transfer credit, must follow the occurres outlined below:

- 1. The student must be a VSU graduate student in a degetaing program *S*(udents in non-degree or certification programannot transfer courses from another institu)ion
- 2. The student should consult with their advisor regar**the**gappropriateness of the course(s) sought to take at another institution to apply in their program at VSU.
- 7 KH VWXGHQW¶V DGYLVRU ZLOO VXEPLW WKLV IRUP WR & Research requesting a Letter of Good Standing with introvide the sent.
- 4. The Associate Provost will verify that the student is in Good Standing and has not already transferred in the maximum number of courses. (Typitate limit is six semester hours of graduate course work, but some programs may accept more.)
- 5. If the Associate Provost approves the Graduate Transient Request, the Letter of Good Standing will be forward to the appropriate institution with a copyectbdent and the advisor.
- 6. After the student completes the course(s), s/he must have an official transcript sent to 968 ¶ V * U D G X Do Wardsfor The Brock Do .
- 7. 7 KH VWXGHQW¶V DGYLVRU ZLOO WKHQ QHHG WR FRPSO transient course(s) to their program.

TO BE COMPLETED BY APPLICANT	
Name of applicant	870#
Email address	GPA
6 W X Gol rla Quláktophrógram	
Term in which the applicant plans to enmaditran	sient student
Course(s) in which the applicant plansetoroll	
Name and emailddress of the institution where	e the Letter of Good Standing should be sent

I certify that _______ is in goodstandingand recommendim/her for graduateadmission as a transiestudentat the named institution take the cours(s) indicated. I further verify that the requested courses are within the number of courses permitted to be transferred into the program

On behalf of the student, I request a Letter of Good Standing be sent to the named institution.

Name of Advisor ______ Signature of Advisor ______

Date _____

Pleasesubmit requesto:

Dr. Becky K. da Cruz, J.D., Ph.D. Associate Provost for Graduate Studies & Research <u>bdacruz@valdosta.e</u>du